

Training Module 4

Post Transition Follow-Up

(QOL) Quality of Life Survey

Background

Survey development was funded by the Centers for Medicare & Medicaid Services (CMS) under contract HHSM-500-2005-000251 (0002)

The questionnaire is:

- Based on the Participant Experiences Survey (PES), which is widely used for assessing quality of life
- A standardized survey with 42 scripted questions that must be administered the same way to each MFP enrollee/ participant in every state.

(QOL) Quality of Life Survey (continued)

Designed to measure seven domains

- Living situation
- Choice and control
- Access to personal care services
- Respect/dignity
- Community integration/inclusion
- Overall life satisfaction
- Health Status

(QOL) Quality of Life Survey (continued)

Survey Measures

- Individual's freedom of choice and control
- Satisfaction with housing, care, and life
- Access to care and unmet needs
- Feelings about being treated with adequate respect and dignity
- Ability to engage in and enjoy activities

(QOL) Quality of Life Survey (continued)

Importance of Study

- To help states evaluate how well CCT is meeting the needs of individuals
- To determine what changes are needed to improve Medi-Cal programs and services
- To summarize results to Congress

(QOL) Quality of Life Survey (continued)

CCT enrollees/participants will be interviewed three times

- At “Baseline”: After they have agreed to participate in CCT, up to 30 days before discharge, but no later than 10 days after discharge from the facility.
- At “First follow-up”: At 11 months after discharge.
- At “Second follow-up”: At 24 months after discharge.

Moving into Managed Care

- Transitioning from a Fee-For-Service platform to a Managed Care platform.
- Implementation of the Coordinated Care Initiative (CCI) as a demonstration program
 - Managed Long-Term Services & Supports (MLTSS)
 - In-Home Supportive Services (IHSS)
 - Community-Based Adult Services (CBAS)
 - Multipurpose Senior Services Program (MSSP)
 - Nursing Facility (NF)

Moving into Managed Care (continued)

Coordinated Care Initiative (CCI)

- California's Coordinated Care Initiative (CCI), adopted in July 2012, promotes integrated delivery of medical, behavioral, and long-term care Medi-Cal services, and also provides a road map to integrate Medicare and Medi-Cal for people on both programs, called "dual eligible beneficiaries."
- The CCI will be implemented in the following eight counties: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.
- The CCI includes two parts:
 - 1) Mandatory enrollment of all Medi-Cal beneficiaries (including dual eligibles) into Medi-Cal managed care for all Medi-Cal benefits, including long-term services and supports (LTSS); and
 - 2) Optional enrollment into integrated managed care that combines Medicare and Medi-Cal benefits

Moving into Managed Care (continued)

Types of services under (MLTSS)

In-Home Supportive Services (IHSS)

- A State Plan benefit that provides in-home care for people who cannot remain safely in their own homes without assistance
- Eligibility: enrollees must be aged, blind or disabled and require assistance with at least one ADL/IADL
- IHSS Programs include:
 - *Community First Choice Option (CFCO)*
 - *Personal Care Services Program (PCSP)*
 - *IHSS-Plus Option (IPO)*

Moving into Managed Care (continued)

Community-Based Adult Services (CBAS)

- An 1115 Bridge to Reform waiver benefit that provides outpatient, center-based services
- Eligibility: persons 18 years and older meeting a nursing facility level of care
- Services included to eligible members are:
 - Skilled nursing care
 - Social services
 - Therapies
 - Personal care
 - Family/caregiver training and support
 - Transportation

Moving into Managed Care (continued)

Multipurpose Senior Services Program (MSSP)

- A Home and Community-Based Services (HCBS) waiver program that allows Medi-Cal eligible individuals an alternative to nursing facility placement
- Eligibility: must be 65 years or older meeting a nursing facility level of care
- Services include, but are not limited to:
 - Care management
 - Respite
 - Home delivered meals
 - Home modifications
- MSSP is currently a waiver program but will become a managed care health plan benefit beginning July 1, 2014 for all CCI counties and populations, except San Mateo where the program is a managed care benefit beginning April 1, 2014.

Moving into Managed Care (continued)

Nursing Facility (NF)

- A State Plan benefit provided in a health facility licensed under state law through CDPH Licensing and Certification
- Certified to participate as a provider of care as a skilled nursing facility in the Medicare or Medicaid programs (or both)
- Nursing Facilities must provide all daily services to its residents to maintain their health and well-being

24/7 Back-Up Plan

- 24/7 Back-Up Plan is a guide provided to consumers as a tangible recourse for emergencies.
- This plan includes a “Community Contacts and Resources” Section for the purpose of identifying the names and phone numbers of resources available in the consumers area.
- Lead Organization should educate consumers about the services and supports available to them to ensure complete back-up plan has been built.

Fair Hearing Rights & Responsibilities

Title 22, California Code of Regulations, § 50951(a):

Applicants or beneficiaries shall have the right to a State hearing if dissatisfied with any action or inaction of the county department, the Department of Health Services or any person or organization acting in behalf of the county or the Department relating to Medi-Cal eligibility or benefits. There is no right to a state hearing where the sole issue is the application of a State or federal law and both of the following conditions are met:

- (1) The applicant or beneficiary does not question that the State or federal law has been correctly applied.
- (2) The State or federal law requires a reduction in Medi-Cal entitlement for some or all beneficiaries.